

16698 U.S. PTO
033104

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No. 6013-131US DAT/al
	First Inventor Andrew P. Coughlan
	Title METHOD FOR COLONIZING A PLANT WITH AN ECTOMYCORRHIZAL FUNGUS
	Express Mail Label No.

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 13] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix.- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]	ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).</small>	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.	10. <input type="checkbox"/> 37 C.F.R. 1.73 (b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent	
	17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number Label		20988 <small>(Insert Customer No. here)</small>		<input checked="" type="checkbox"/> Correspondence address below	
Name	OGILVY RENAULT				
Address	Suite 1600, 1981, McGill College Ave.				
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Name (Print/Type)	ISABELLE CHABOT	Registration No. (Attorney/Agent)	55,764
Signature	<i>Isabelle Chabot</i>	Date	March 30, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 385

Complete if Known

Application Number
Filing Date
First Named Inventor **Andrew P. Coughlan**
Examiner Name

Art Unit

Attorney Docket No. **6013-131US DAT/al**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account :

Deposit Account Number **19-5113**

Deposit Account Name **OGILVY RENAULT**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) or any underpayment of fee(s)
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1001	770	2001	385		Utility filing fee	385
	1002	340	2002	170		Design filing fee	
	1003	530	2003	265		Plant filing fee	
	1004	770	2004	385		Reissue filing fee	
	1005	160	2005	80		Provisional filing fee	
SUBTOTAL (1) (\$)							385

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
18	- 20**=	X	0
3	- 3**=	X	0
Multiple Dependent			0

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description
	1202	18	2202	9		Claims in excess of 20
	1201	86	2201	43		Independent claims in excess of 3
	1203	290	2203	145		Multiple dependent claim, if not paid
	1204	86	2204	43		** Reissue independent over original patent
	1205	18	2205	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0**

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130	2051	65		Surcharge - late filing fee or oath	
	1052	50	2052	25		Surcharge - late provisional filing fee or cover sheet	
	1053	130	1053	130		Non-English specification	
	1812	2,520	1812	2,520		For filing a request for reexamination	
	1804	920*	1804	920*		Requesting publication of SIR prior to Examiner action	
	1805	1,840*	1805	1,840*		Requesting publication of SIR after Examiner action	
	1251	110	2251	55		Extension for reply within first month	
	1252	420	2252	210		Extension for reply within second month	
	1253	950	2253	475		Extension for reply within third month	
	1254	1,480	2254	740		Extension for reply within fourth month	
	1255	2,010	2255	1,005		Extension for reply within fifth month	
	1401	330	2401	165		Notice of Appeal	
	1402	330	2402	165		Filing a brief in support of an appeal	
	1403	290	2403	145		Request for oral hearing	
	1451	1,510	1451	1,510		Petition to institute a public use proceeding	
	1452	110	2452	55		Petition to revive - unavoidable	
	1453	1,330	2453	665		Petition to revive - unintentional	
	1501	1,330	2501	665		Utility issue fee (or reissue)	
	1502	480	2502	240		Design issue fee	
	1503	640	2503	320		Plant issue fee	
	1460	130	1460	130		Petitions to the Commissioner	
	1807	50	1807	50		Petitions related to provisional applications	
	1806	180	1806	180		Submission of Information Disclosure Stmt	
	8021	40	8021	40		Recording each patent assignment per property (times number of properties)	
	1809	770	2809	385		Filing a submission after final rejection(37 CFR § 1.129(a))	
	1810	770	2810	385		For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	770	2801	385		Request for Continued Examination (RCE)	
	1802	900	1802	900		Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type) **ISABELLE CHABOT**

Signature *Isabelle Chabot*

Registration No. (Attorney/Agent) **55,764**

Complete (if applicable)

Telephone **(418) 640-5174**

Date **March 30, 2004**